



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

9/04
200-29

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DISCREPANCY REPORT FORM
BASIC EMERGENCY MEDICAL TECHNICIAN

Complete the Discrepancy Report Form **ONLY** if you did not receive proper credit or if there is a problem with your Continuing Education record. We must receive this form in order to research your problem. Please mail to:

Dept. of Public Health, Office of Emergency Medical Services, 2 Boylston St., 3rd Floor, Boston, MA 02116.

EMT NUMBER										PLEASE PRINT CLEARLY																			
FIRST NAME (leave space between) MIDDLE INITIAL (leave space between) LAST NAME																													
MAILING ADDRESS or PO BOX																													
CITY																				STATE					ZIP CODE (5 or 9 digits)				
DAYTIME TELEPHONE NUMBER																													
EMAIL ADDRESS																													

THE PROGRAMS LISTED BELOW DO NOT APPEAR ON MY PRINTOUT

Date(s) of Program	OEMS Approval #	Program Title	Sponsor	Location

SIGNATURE: _____ DATE: _____

You can check your EMT continuing education credit hours on file or download a list of refresher and continuing education classes on the OEMS Website: <http://www.mass.gov/dph/oems>